PATENTS

MARK C. BLOOMFIELD)	Examiner: Parton, Kevin S	CENTRAL FAX CENTER AUG 1 6 2004
Serial No:	09/723,349)	Art Unit: 2153	
Filed:	November 27, 2000)	Attorney Docket no: E035 1040	
	RSONAL DIGITAL ASSIS' STEM	TANT F	ACILITATED COMMUNICATION	OFFICIAL

RESPONSE TO FINAL OFFICE ACTION

Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Introductory Comments

This paper is in Response to the Office Action dated June 18, 2004.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 12 of this paper.

Serial No: 09/723,349 First Response Page 1 of 13



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ATLANTA CHARLOTTE RALEIGH RESEARCH TRIANGLE PARK WASHINGTON, D.C. WINSTON-SALEM

FACSIMILE

OFFICIAL

From: Louis T. Isaf Direct Dial: (404) 962-7523 Direct Fax: (404) 870-8173 E-Mail: lisaf@wcsr.com Attorney Number: 1405

TO:	Examiner Kevin S. Parton	COMPANY:	Art Unit 2153	- Commissioner for Patents
FAX:	703-872-9306	PAGES:	16	
PHONE:	703-306-0543	DATE:	July 20, 2004	Aug. 18, 2004
RE:	Patent Application No. 09/723,349	ATTORNEY DOCKE	E035 1040 T/REF.	<i>y</i>
		ACCOUNTING NO.	38094.0008.4	
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	,
	PATENTS
IN THE UNITED STATES P	ATENT AND TRADEMARK OFFICE
In re Application of:)
Mark C. Bloomfield) Docket Number: E035 1040
Application Number: 09/723,349	j
Filing Date: November 27, 20	000)
Title: PERSONAL DIGITAL ASSIS	STANT FACILITATED COMMUNICATION
SYSTEM	
CERTIFICATE OF I	FACSIMILE TRANSMISSION
Commissioner for Patents	
P.O. Box 1450	•
Alexandria, VA 22313-1450	
Sir:	
I hereby certify that the followin	g papers are being facsimile transmitted to the
U.S. Patent and Trademark Office on the	
Amendment Transmittal Letter	
Response to Final Office Action	
	•
9 11 AU	
8-16-04	
Date	

In re PATENT application of:

MARK C. BLOOMFIELD

Serial No:

09/723,349

Filed:

November 27, 2000 Title: PERSONAL DIGITAL ASSISTANT FACILITATED COMMUNICATION

SYSTEM

AMENDMENT TRANSMITTAL LETTER

Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

A check in payment of the fee is attached.

The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims after Amend.	Highest Prev. Paid For	Extra	Rate SE/LE	Additional Fee
Total Claims	28	- 57	= 0	X \$9/\$18	= \$
Indep Claims	5	~ 8	= 0	X \$43\$86	=\$
			Total Additions	al Fee for this Ame	ndment =

	A check in the amount of \$	is enclosed.	
	The Commissioner is hereby authorized	ed to charge the Amendment Fee of \$	00 to our
	Deposit Account No. 09-0528.		•
\boxtimes	The Commissioner is hereby authorize	ed to charge any additional fees which ma	ıy be
	required or credit any overnayment to	our Deposit Account No. 09-0528.	

Respectfully submitted,

Reg. No. 29,078

Womble Carlyle Sandridge & Rice, PLLC

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Docket Number:

E035 1040

ATLANTA 412107v1